

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/868535

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		8		/		
6		8		/		
7		8		/		
8		/	X	/		
9	/		X			
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TOTAL IND.			↓	↓		↓
TOTAL DEP.			↓	↓		↓
TOTAL CLAIMS			3			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓		↓
TOTAL DEP.			↓	↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy